

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>Tonias, Elizabeth A.</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>None</b>				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>0567</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):													
Street Address of Debtor (No. and Street, City, and State) <b>16570 Orchard Valley Drive Gurnee, IL</b>				Street Address of Joint Debtor (No. and Street, City, and State)													
ZIPCODE <b>60031</b>				ZIPCODE													
County of Residence or of the Principal Place of Business: <b>Lake</b>				County of Residence or of the Principal Place of Business:													
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):													
ZIPCODE				ZIPCODE													
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE											
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)  _____		<b>Nature of Business</b> (Check <b>one</b> box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  _____ <b>Tax-Exempt Entity</b> (Check box, if applicable)  <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts													
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Check one box: Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000 <b>Check all applicable boxes</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).													
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>											
<b>Estimated Number of Creditors</b> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1000-5000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>								<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1000-5000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1000-5000	<input type="checkbox"/> 5,001-10,000			<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000						
<b>Estimated Assets</b> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>								<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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<b>Estimated Liabilities</b> <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input checked="" type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input checked="" type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Document Page 2 of 67	
		Name of Debtor(s): <b>Elizabeth A. Tonias</b>	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:	
Location Where Filed: <b>N.A.</b>	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;"><b>Exhibit A</b></p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;"><b>Exhibit B</b></p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p><b>X</b> <u>/s/ James T. Magee</u> <u>August 15, 2008</u> Signature of Attorney for Debtor(s) Date</p>	
<p style="text-align: center;"><b>Exhibit C</b></p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>			
<p style="text-align: center;"><b>Exhibit D</b></p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>			
<p style="text-align: center;"><b>Information Regarding the Debtor - Venue</b> (Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
<p style="text-align: center;"><b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)</p> <p><input type="checkbox"/> Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: center;">_____ (Name of landlord that obtained judgment)</p> <p style="text-align: center;">_____ (Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).</p>			

B1 (Official Form 1) (1/08)

Document

Page 3 of 67

Page 3

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

Elizabeth A. Tonias

**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Elizabeth A. Tonias

Signature of Debtor

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

August 15, 2008

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)☐

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.

☐

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

**Signature of Attorney\*****X** /s/ James T. Magee

Signature of Attorney for Debtor(s)

**JAMES T. MAGEE 1729446**

Printed Name of Attorney for Debtor(s)

**Magee, Negele & Associates, P.C.**

Firm Name

**444 North Cedar Lake Road**

Address

**Round Lake, Illinois 60073****(847) 546-0055**

Telephone Number

**August 15, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

Official Form 1, Exhibit D (10/06)

**UNITED STATES BANKRUPTCY COURT**  
**Northern District of Illinois**

In re Elizabeth A. Tonia  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

**Official Form 1, Exh. D (10/06) – Cont.**

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]* *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Elizabeth A. Tonia  
ELIZABETH A. TONIAS

Date: August 15, 2008

**B6 Cover (Form 6 Cover) (12/07)**

## **FORM 6. SCHEDULES**

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Elizabeth A. Tonias Debtor Case No. (If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Marital Residence 16570 Orchard Valley Drive Gurnee, Illinois	Tenancy by the Entirety (Spouse Deceased)		225,000.00	181,408.00
Florida Rental House Jensen Beach, Florida [Tenant vacated; Foreclosure Expected]	Fee Simple		180,000.00	172,412.00
Vacant Lot Highlands County, Florida [Listed for eight (8) months with one (1) offer of \$5,000.00]	Fee Simple		15,000.00	None
Total			420,000.00	

(Report also on Summary of Schedules.)

In re Elizabeth A. Tonias Debtor Case No. (If known)

# SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Deposits of Money First Bank		350.00
		Business Checking Account First Bank		50.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Living Room Furniture and Furnishings		150.00
		Large Screen Television		300.00
		VCR, DVD Player and Bed Room Sets		500.00
		Washer, Dryer and Dining Room Set		400.00
		Kitchen Table and Chairs		150.00
		Stove, Refrigerator, Microwave and Dishwasher		300.00
5. Books, Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books and Pictures		75.00
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.		Exercise Bike and Photography Equipment		150.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			



In re Elizabeth A. Tonias Case No. \_\_\_\_\_  
**Debtor** (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X	401K Plan		93,000.00
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.				
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1994 Honda Accord CX [200,000 miles]		1,000.00

In re Elizabeth A. Tonias Case No. \_\_\_\_\_  
 Debtor (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
 (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Home Computers and Printers		300.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.		Business Supplies		300.00
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<div>0 continuation sheets attached</div> <div>Total</div>				\$ 97,025.00

(Include amounts from any continuation  
 sheets attached. Report total also on  
 Summary of Schedules.)

In re Elizabeth A. Tonias

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☐ Check if debtor claims a homestead exemption that exceeds  
\$136,875.☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Marital Residence	735 ILCS 5/12-901 735 ILCS 5/12-902	15,000.00 15,000.00	225,000.00
Florida Rental House	735 ILCS 5/12-1001(b)	0.00	180,000.00
Vacant Lot	735 ILCS 5/12-1001(b)	0.00	15,000.00
Deposits of Money	735 ILCS 5/12-1001(b)	350.00	350.00
Living Room Furniture and Furnishings	735 ILCS 5/12-1001(b)	150.00	150.00
Large Screen Television	735 ILCS 5/12-1001(b)	300.00	300.00
VCR, DVD Player and Bed Room Sets	735 ILCS 5/12-1001(b)	500.00	500.00
Washer, Dryer and Dining Room Set	735 ILCS 5/12-1001(b)	400.00	400.00
Kitchen Table and Chairs	735 ILCS 5/12-1001(b)	150.00	150.00
Stove, Refrigerator, Microwave and Dishwasher	735 ILCS 5/12-1001(b)	300.00	300.00
Books and Pictures	735 ILCS 5/12-1001(b)	75.00	75.00
Exercise Bike and Photography Equipment	735 ILCS 5/12-1001(b)	150.00	150.00
401K Plan	735 ILCS 5/12-1006	93,000.00	93,000.00
1994 Honda Accord CX [200,000 miles]	735 ILCS 5/12-1001(c)	1,000.00	1,000.00
Home Computers and Printers	735 ILCS 5/12-1001(b)	300.00	300.00
Business Supplies	735 ILCS 5/12-1001(b)	300.00	300.00
Business Checking Account	735 ILCS 5/12-1001(b)	50.00	50.00

**B6D (Official Form 6D) (12/07)**

In re Elizabeth A. Tonias,

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 1203 Abbott Laboratories EC 401 North Riverside Drive Gurnee, IL 60031		Lien: First Mortgage Security: 16570 Orchard Valley Dr., Gurnee, IL  VALUE \$ 250,000.00				120,735.00	0.00
ACCOUNT NO. OMEQ Abbott Laboratories EC 401 North Riverside Drive Gurnee, IL 60031		Lien: Second Mortgage Security: 16570 Orchard Valley Dr., Gurnee, IL  VALUE \$ 240,000.00				60,673.00	0.00
ACCOUNT NO. 5999 Bank Of America 4161 Piedmont Pkwy Greensboro, NC 27410		Lien: Mortgage Security: Florida Rental Property  VALUE \$ 180,000.00				172,412.00	0.00
Subtotal (Total of this page)						\$ 353,820.00	\$ 0.00
Total (Use only on last page)						\$	\$

1 continuation sheets attached

(Report also on Summary of Schedules) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Elizabeth A. Tonnias,

Debtor

Case No. \_\_\_\_\_

(If known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 17CA							
Bank of America c/o Marshall C. Watson, P.A. 1800 NW 49th Street, #120 Fort Lauderdale, FL 33309						Notice Only	Notice Only
		VALUE \$ 0.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					

Subtotal (s) \$ 0.00

(Total(s) of this page) \$ 0.00

Total(s) \$ 353,820.00

(Use only on last page)

(Report also on Summary of Schedules)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Sheet no. 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Secured Claims

B6E (Official Form 6E) (12/07)

In re Elizabeth A. Tonias  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

**B6E (Official Form 6E) (12/07) - Cont.**

In re Elizabeth A. Tonia,  
Debtor

Case No. \_\_\_\_\_  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

B6F (Official Form 6F) (12/07)

In re Elizabeth A. Tonias,

Case No. \_\_\_\_\_

Debtor

(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 356 Advanced Renal Care Ltd. P. O. Box 967 Tinley Park, IL 60477-0967		Balance on Account				33.70
ACCOUNT NO. 9534 Advantage Ambulance Inc. 9850 West 190th Street Suite A Mokena, IL 60448		Balance on Account				94.67
ACCOUNT NO. 5253 Advertiser 236 Route 173 Antioch, IL 60002-1897		Balance on Business Account				126.06
ACCOUNT NO. Advertiser c/o Scott & Goldman, Inc. P. O. Box 6828 Buena Park, CA 90620						Notice Only
Subtotal ➤						\$ 254.43
Total ➤						\$

21 continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonia,  
Debtor

Case No. \_\_\_\_\_  
(If known)

# **SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Balance on Account				
Advocate Health & Hospitals 1775 Dempster Street Park Ridge, IL 60068-1143						203.09
ACCOUNT NO.		Balance on Account				
Aki Krocze Surgical Assoc. 7447 Talcott Ave., #221 Chicago, IL 60631-3713						166.19
ACCOUNT NO. 1902		Balance on Account				
Alex Bros Outpatient Group 1650 Moon Lake Boulevard Hoffman Estates, IL 60169-1010						23.54
ACCOUNT NO. 9182		Balance on Account				
Alexian Brothers Medical Ctr 800 Biesterfield Road Elk Grove Village, IL 60007-3397						79,351.78
ACCOUNT NO. 1001		Balance on Business Account				
American Express 3200 Commerce Parkway MD1901-06 Merrimar, FL 33025						165.71

Sheet no. 1 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal \$ 79,910.31

Total \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

# **SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.						
AT&T Yellow Pages c/o James, Stevens & Daniels 1283 College Park Drive Dover, DE 19904						Notice Only
ACCOUNT NO. 5040						
AT&T Yellow Pages c/o Joseph Mann & Creed P. O. Box 22253 Beachwood, OH 44122-0253						Notice Only
ACCOUNT NO. 9872		Balance on Business Account				
AT&T Yellow Pages RH Donnelley 1615 Bluff City Highway Bristol, TN 37620						3,445.41
ACCOUNT NO. 7858		Balance on Account				
ATG Credit, LLC P. O. Box 14895 Chicago, IL 60614-4895						109.40
ACCOUNT NO.		Balance on Account				
Ballard Nursing Center 9300 Ballard Road Des Plaines, IL 60016						1,014.00

Sheet no. 2 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 4,568.81

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8179 Bank of America P. O. Box 26012 Greensboro, NC 27420						Notice Only
ACCOUNT NO. 0854 Best Practices Inpatient Care P. O. Box 268 Lake Zurich, IL 60047-0268		Balance on Account				50.61
ACCOUNT NO. 0105 BestPractices of Northwest P. O. Box 758682 Baltimore, MD 21275-8682		Balance on Account				35.27
ACCOUNT NO. Buckun & Buckun, P.C. Attorneys at Law 1309 North Green Street McHenry, IL 60050		Balance on Business Account				2,000.00
ACCOUNT NO. 2883 Card Service International P. O. Box 5180 Simi Valley, CA 93062-5180		Balance on Business Account				153.30

Sheet no. 3 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 2,239.18

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0638 Cardiothoracic & Vascular Surg. P. O. Box 66973-SLOT 30249 Chicago, IL 60666-0973		Balance on Account				617.57
ACCOUNT NO. 0048 Cardiovascular Associates Dept 20 1027 P. O. Box 5940 Carol Stream, IL 60197		Balance on Account				677.29
ACCOUNT NO. 5621 Citi-Corp Credit Services 7920 NW 110th Street Kansas City, MO 64153						Notice Only
ACCOUNT NO. 5621 Citibank 701 East 60th Street N. Sioux Falls, SD 57104		Student Loan				23,748.00
ACCOUNT NO. 3752 Comcast Cable c/o Credit Protection 13355 Noel Road Dallas, TX 75240		Balance on Business Account				110.62

Sheet no. 4 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 25,153.48

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonnias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8990 Commonwealth Edison Co c/o Harvard Collection Serv. 4839 North Elston Avenue Chicago, IL 60630-2534		Balance on Business Account				70.02
ACCOUNT NO. 7598 Community Trust Credit Union 1313 North Skokie Highway Gurnee, IL 60031		Balance on Account				14,897.00
ACCOUNT NO. Community Trust credit Union c/o Dimand Law Offices PC 5 East Wilson Street Batavia, IL 60510						Notice Only
ACCOUNT NO. Condell Medical Center 755 South Milwaukee Avenue Suite 127 Libertyville, IL 60048		Balance on Accounts				3,414.37
ACCOUNT NO. 1719 Condell Medical Center c/o Malcolm S. Gerald & Assoc. 332 S. Michigan Ave., #600 Chicago, IL 60604		Balance on Account				169.35

Sheet no. 5 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 18,550.74

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3605 Condell Pathology Group 5393 Paysphere Circle Chicago, IL 60684-0053		Balance on Account				323.50
ACCOUNT NO. 8448 Daniel Coulon & Co. 795 East Belvidere Road Grayslake, IL 60030		Balance on Business Account				945.00
ACCOUNT NO. 3557 Des Plaines Radiologists 6910 South Madison Street Willowbrook, IL 60527		Balance on Account				55.58
ACCOUNT NO. 0580 Digestive Disorders & Liver Ctr P. O. Box 957405 Hoffman Estates, IL 60195-7405		Balance on Account				42.19
ACCOUNT NO. 5859 Domestic Uniform Rental 4131 North Ravenswood Chicago, IL 60613		Balance on Business Account				820.41

Sheet no. 6 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 2,186.68

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5859						Notice Only
Domestic Uniform Rental c/o Chaet Kaplan 30 N. LaSalle St., #1520 Chicago, IL 60602						
ACCOUNT NO. 1000		Balance on Account				96.18
Donald Steinmuller, MD SC 6 Phillip Road, Suite 1104 Vernon Hills, IL 60061						
ACCOUNT NO. 4821		Balance on Account				8.19
Elk Grove Lab Physicians Dept. 77-9154 Chicago, IL 60678						
ACCOUNT NO. 2458		Balance on Account				275.79
Elk Grove Radiology SC 75 Remittance Drive Suite 6500 Chicago, IL 60675-6500						
ACCOUNT NO. 7604		Balance on Business Account				104.59
Flame Tamers 3851 Clearview Court Gurnee, IL 60031						

Sheet no. 7 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal \$ 484.75

Total \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4205 Flicka and Associates 11310 S. Orange Blossom Tr. Suite 137 Orlando, FL 32837		Balance on Business Account				75.00
ACCOUNT NO. Fmgc, S.C. 7540 Exton Street Darien, IL 60561-7606		Balance on Account				399.17
ACCOUNT NO. 0580 George Zahrebelski MD P. O. Box 957405 Hoffman Estates, IL 60195		Balance on Account				42.19
ACCOUNT NO. 7579 Germbusters PC 75 Remittance Drive Suite 6524 Chicago, IL 60675-6524		Balance on Account				100.51
ACCOUNT NO. KGRY GRECO 1550 Hecht Road Bartlett, IL 60103		Balance on Business Account				5,500.00

Sheet no. 8 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 6,116.87

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonnias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8094		Balance on Account				
Heather N. McCombs, DPM, LLC 333 North Michigan Avenue Suite 932 Chicago, IL 60601						15.81
ACCOUNT NO. 9767		Balance on Account				
Holy Family Anesthesia Grp 520 East 22nd Street Lombard, IL 60148						34.27
ACCOUNT NO.		Balance on Account				
Holy Family Medical Center 100 North River Road Des Plaines, IL 60016						26,112.00
ACCOUNT NO.		Balance on Account				
Holy Family Medical Center 520 East 22nd Street Lombard, IL 60148-6110						72.06
ACCOUNT NO. 8457		Balance on Account				
IHC-Libertyville Emrg Phys P. O. Box 3261 Milwaukee, WI 53201-3261						44.42

Sheet no. 9 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 26,278.56

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonnias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6942 Imran Nisar MD Ltd. P. O. Box 967 Tinley Park, IL 60477-0967		Balance on Account				145.83
ACCOUNT NO. 6934 Infectious Diseases Assoc. P. O. Box 309 Itasca, IL 60143-0309		Balance on Account				203.70
ACCOUNT NO. 8457 Infinity Healthcare Phys. 1251 West Glen Oaks Lane Mequon, WI 53092-3378		Balance on Account				44.42
ACCOUNT NO. 5693 Infinity Rollins, Inc. (Orkin) c/o Goodwin & Bryann LLC P. O. Box 221406 Cleveland, OH 441122		Balance on Business Account				45.00
ACCOUNT NO. IPC of Illinois P. O. Box 92934 Los Angeles, CA 90009		Balance on Accounts				649.95

Sheet no. 10 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,088.90

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Balance on Business Account				
Jake's Franchise JSF Corp. 931B Rohlwing Road Rolling Meadows, IL 60008						797.21
ACCOUNT NO.		Balance on Account				
John A. Lavacarre, M.D. P. O. Box 419 Park Ridge, IL 60068-0419						531.19
ACCOUNT NO. 0952		Balance on Account				
Jun Health Care 1445 N. Hunt Club Road Suite 301 Gurnee, IL 60031						109.69
ACCOUNT NO. 2703		Balance on Account				
Lake County Anesthesiologist c/o Certified Services, Inc. P. O. Box 177 Waukegan, IL 60079-0177						175.78
ACCOUNT NO.		Balance on Accounts				
Lake County Anesthesiologists P. O. Box 70 Lake Forest, IL 60045						237.13

Sheet no. 11 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,851.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Balance on Accounts				
Lake County Radiology Assoc. 36104 Treasury Ctr Chicago, IL 60694-6100						57.73
ACCOUNT NO. 6300		Balance on Account				
Lake Heart Specialists 35 Tower Court Suite F Gurnee, IL 60031-5712						324.49
ACCOUNT NO. 7569		Balance on Account				
Leo Kanev 985 S. Buffalo Grove Road Buffalo Grove, IL 60089						28.89
ACCOUNT NO. 3291		Balance on Account				
Leo Taiberg, MD 777 Oakmont Lane Suite 1600 Westmont, IL 60559						64.39
ACCOUNT NO. 7664		Balance on Business Account				
Mahoney Environmental 1819 Moen Avenue Joliet, IL 60436						23.25

Sheet no. 12 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 498.75

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5142 Manor Care Libertyville c/o Rossman & Company P. O. Box 29917 Columbus, OH, 43229					X	Notice Only
ACCOUNT NO. 5142 Manorcare Libertyville c/o Rossman & Company 3592 Corporate Drive, #10 Columbus, OH 43231		Balance on Account			X	100.00
ACCOUNT NO. 0922 MBNA/Bank of America c/o Portfolio Recovery Assoc P. O. Box 12914 Norfolk, VA 23541		Balance on Account				21,771.56
ACCOUNT NO. 1728 Medical College Physicians P. O. Box 13308 Milwaukee, WI 53213-0308		Balance on Account				16.88
ACCOUNT NO. 8980 Medical Services RIC 36912 Eagle Way Chicago, IL 60678-1369		Balance on Account				258.41

Sheet no. 13 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal &gt; \$ 22,146.85

Total &gt; \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonia,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Balance on Account				
Michael Kennedy, MD 11924 Oak Creek Parkway Huntley, IL 60142-6728						4.95
ACCOUNT NO.		Balance on Account				
Midwest Medical Services Dept. 20 5056 P. O. Box 5988 Carol Stream, IL 60197-5988						63.38
ACCOUNT NO. 4584		Balance on Account				
Midwest Neoped Associates 900 Jorie Blvd., #186 Oak Brook, IL 60523-3808						1,389.02
ACCOUNT NO. 2044		Balance on Business Account				
Monarch Visual Solutions 210 Landmark Drive Suite C Normal, IL 61761						83.00
ACCOUNT NO. 3298		Balance on Account				
Monarch Visual Solutions c/o Creditors' Alliance, Inc. P. O. Box 1288 Bloomington, IL 61702-1288						3,154.63

Sheet no. 14 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 4,694.98

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8179 Monogram Bank N America 4060 Ogletown Newark, DE 19713		Balance on Account				19,261.00
ACCOUNT NO. 9004 Murphy Ambulance P. O. Box 6990 Libertyville, IL 60048		Balance on Account				74.57
ACCOUNT NO. 3090 North Shore Gas 130 East Randolph Drive Chicago, IL 60601		Balance on Business Account				395.70
ACCOUNT NO. North Shore Oncology Hematology 1800 Hollister Drive, #112 Libertyville, IL 60048		Balance on Accounts				42.00
ACCOUNT NO. 0150 North Suburban Gastroenterology 950 North Northwest Highway Park Ridge, IL 60068		Balance on Account				281.28

Sheet no. 15 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 20,054.55

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6871 Northwest Community Hosp. 800 West Central Road Arlington Heights, IL 60005		Balance on Account				1,024.00
ACCOUNT NO. 1183 Northwest Health Care Assoc. 2360 Hassell Road Suite F Hoffman Estates, IL 60169-2171		Balance on Account				15.12
ACCOUNT NO. 2824 Northwest Kidney Kare P. O. Box 2642 Carol Stream, IL 60132-2642		Balance on Account				480.54
ACCOUNT NO. 2082 NorthWest News Group P. O. Box 250 Crystal Lake, IL 60039-0250		Balance on Business Account				460.00
ACCOUNT NO. 0210 Northwest Pulmonary Assoc 7447 West Talcott Avenue Suite 542 Chicago, IL 60631		Balance on Account				220.02

Sheet no. 16 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 2,199.68

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)



B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Balance on Account				
Northwest Radiology Assoc. 520 East 22nd Street Lombard, IL 60148-6110						1.90
ACCOUNT NO. 1851		Balance on Account				
Northwest Suburban Medical 1300 East Central Road Suite C Arlington Heights, IL 60005-2810						381.05
ACCOUNT NO. 0388						
Peoples Energy c/o Harris & Harris, Ltd. 600 West Jackson Blvd., #400 Chicago, IL 60661						Notice Only
ACCOUNT NO. 0388		Balance on Business Account				
Peoples Energy 130 East Randolph Drive Chicago, IL 60601						719.28
ACCOUNT NO. 7281		Balance on Business Account				
Pepsi 8500 - 100th Street Pleasant Prairie, WI 53158						250.00

Sheet no. 17 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 1,352.23

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

# **SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Balance on Account				
Professional Cardian Service 520 East 22nd Street Lombard, IL 60148-6110						1.82
ACCOUNT NO. S,21		Balance on Account				
PRS, LLC 9300 Ballard Road Des Plaines, IL 60016-4998						2,000.00
ACCOUNT NO. 6681		Balance on Account				
Pulmonary Medicine Assoc. P. O. Box 616 Forest Park, IL 60130						198.54
ACCOUNT NO. 8980		Balance on Account				
Rehabilitation Inst of Chicago c/o Harris and Harris, Ltd. 600 W. Jackson Blvd., #400 Chicago, IL 60661						258.41
ACCOUNT NO.		Balance on Business Account				
Restaurant Depot c/o NCO Financial Systems 2166 Manheim Road Des Plaines, IL 60018-2909						1,104.23

Sheet no. 18 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 3,563.00

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.		Balance on Account				
Resurrection Hospital 520 East 22nd Street Lombard, IL 60148-6110						9.99
ACCOUNT NO. 5409		Balance on Business Account				
Sam's Club c/o FMS Inc. P. O. Box 707600 Tulsa, OK 74170-7600						251.50
ACCOUNT NO. 4994		Balance on Business Account				
Sams Club c/o FMS Inc. P. O. Box 707600 Tulsa, OK 74170-7600						100.78
ACCOUNT NO.						
Sams Club c/o TRS Recovery Service P. O. Box 4812 Houston, TX 77210-4812						Notice Only
ACCOUNT NO. 7051		Balance on Account				
Suburban Endocrinology 2010 S. Arlington Hts. Road Arlington Heights, IL 60005-4134						195.64

Sheet no. 19 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 557.91

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonnias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1540 Suburban Internal Medicine 550 North Lake Street Mundelein, IL 60060-1827		Balance on Account				332.60
ACCOUNT NO. 6942 Suburban Lung Assoc. P. O. Box 2776 Carol Stream, IL 60132-0001		Balance on Account				192.57
ACCOUNT NO. 1000 Suburban Neurologists SC 800 Biesterfield Road, #2009 Elk Grove Village, IL 60007-3364		Balance on Account				113.24
ACCOUNT NO. 9152 Sun Times/Suburban Chicago c/o Robert Sharp 101 South River Street Aurora, IL 60506		Balance on Business Account				195.00
ACCOUNT NO. Superior Air Ground Ambulance 395 West Lake Street P. O. Box 1407 Emlhurst, IL 60126-8407		Balance on Account				3,474.50

Sheet no. 20 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 4,307.91

Total > \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Elizabeth A. Tonnias,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5253		Balance on Business Account				456.50
TDS Metrocom 525 Junction Road Suite 6000 Madison, WI 53717-2105						
ACCOUNT NO.		Balance on Account				8.95
Thomas W. Engel, MD, SC 5432 Tall Oaks Drive Lake Zurich, IL 60047						
ACCOUNT NO. 4869		Balance on Account				150.00
University Foot Associates 71 Waukegan Road, #200 Lake Bluff, IL 60044-1662						
ACCOUNT NO. 3201		Balance on Account				4.95
Vascular Surgeons 11924 Oak Creek Parkway Huntley, IL 60142-6728						
ACCOUNT NO. 1633		Balance on Business Account				294.00
Yellow Pages, Inc. P. O. Box 60007 Anaheim, CA 92812-6007						

Sheet no. 21 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal > \$ 914.40

Total > \$ 228,973.97

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

In re Elizabeth A. Tonias

Debtor

Case No.

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☒

 Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Elizabeth A. Tonia  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re Elizabeth A. Tonias

Case (if known)

Debtor

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Widow	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): No dependents	AGE(S):
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation		
Name of Employer	Unemployed	
How long employed		
Address of Employer		N.A.

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly.)

DEBTOR	SPOUSE
\$ 0.00	\$ N.A.

2. Estimated monthly overtime

\$ 0.00	\$ N.A.
---------	---------

3. SUBTOTAL

\$ 0.00	\$ N.A.
---------	---------

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union Dues

d. Other (Specify: \_\_\_\_\_)

\$ 0.00	\$ N.A.
\$ 0.00	\$ N.A.
\$ 0.00	\$ N.A.
\$ 0.00	\$ N.A.

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00	\$ N.A.
---------	---------

6.. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0.00	\$ N.A.
---------	---------

7. Regular income from operation of business or profession or farm

(Attach detailed statement)

\$ 0.00	\$ N.A.
---------	---------

8. Income from real property

\$ 0.00	\$ N.A.
---------	---------

9. Interest and dividends

\$ 0.00	\$ N.A.
---------	---------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00	\$ N.A.
---------	---------

11. Social security or other government assistance

(Specify) Social Security Disability

\$ 1,473.00	\$ N.A.
-------------	---------

12. Pension or retirement income

\$ 0.00	\$ N.A.
---------	---------

13. Other monthly income

(Specify)

\$ 0.00	\$ N.A.
---------	---------

\$ 0.00	\$ N.A.
---------	---------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 1,473.00	\$ N.A.
-------------	---------

15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)

\$ 1,473.00	\$ N.A.
-------------	---------

16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)

\$ 1,473.00	
-------------	--

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Debtor may resume business as self-employed seamstress to help meet expenses.



In re Elizabeth A. Tonias

Debtor

Case No.

(if known)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- |   |              |
|---|--------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$ 1,156.45  |
| a. Are real estate taxes included? Yes _____ No <u>✓</u>  |              |
| b. Is property insurance included? Yes _____ No <u>✓</u>  |              |
| 2. Utilities: a. Electricity and heating fuel   | \$ 250.00    |
| b. Water and sewer  | \$ 0.00      |
| c. Telephone  | \$ 0.00      |
| d. Other _____  | \$ 0.00      |
| 3. Home maintenance (repairs and upkeep)  | \$ 100.00    |
| 4. Food   | \$ 300.00    |
| 5. Clothing   | \$ 75.00     |
| 6. Laundry and dry cleaning   | \$ 25.00     |
| 7. Medical and dental expenses  | \$ 15.00     |
| 8. Transportation (not including car payments)  | \$ 350.00    |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$ 75.00     |
| 10. Charitable contributions  | \$ 0.00      |
| 11. Insurance (not deducted from wages or included in home mortgage payments)   |              |
| a. Homeowner's or renter's  | \$ 58.00     |
| b. Life   | \$ 0.00      |
| c. Health   | \$ 0.00      |
| d. Auto   | \$ 75.00     |
| e. Other _____  | \$ 0.00      |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   |              |
| (Specify) <u>Real Estate Taxes</u>  | \$ 542.00    |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)  |              |
| a. Auto   | \$ 0.00      |
| b. Other <u>Home Equity Loan</u>  | \$ 322.00    |
| c. Other _____  | \$ 0.00      |
| 14. Alimony, maintenance, and support paid to others  | \$ 0.00      |
| 15. Payments for support of additional dependents not living at your home   | \$ 0.00      |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | \$ 0.00      |
| 17. Other <u>Bankruptcy Attorneys Fees</u>  | \$ 100.00    |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data) | \$ 3,443.45  |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:                                |              |
| <u>Debtor's adult children may help to meet expenses as necessary.</u>  |              |
|   |              |
|   |              |
| 20. STATEMENT OF MONTHLY NET INCOME   |              |
| a. Average monthly income from Line 15 of Schedule I (Includes spouse income of \$500.00. See Schedule I)   | \$ 1,973.00  |
| b. Average monthly expenses from Line 18 above  | \$ 3,443.45  |
| c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts)   | \$ -1,470.45 |

**B6 Summary (Official Form 6 - Summary) (12/07)**

**United States Bankruptcy Court**  
Northern District of Illinois

In re Elizabeth A. Tonias  
Debtor

Case No. \_\_\_\_\_

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

**AMOUNTS SCHEDULED**

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 420,000.00		
B – Personal Property	YES	3	\$ 97,025.00		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	2		\$ 353,820.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	22		\$ 228,973.97	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 1,473.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 3,443.45
<b>TOTAL</b>		35	\$ 517,025.00	\$ 582,793.97	

# United States Bankruptcy Court

Northern District of Illinois

In re Elizabeth A. Tonia

Case No. \_\_\_\_\_

Debtor

Chapter 7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 23,748.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 23,748.00

### State the Following:

Average Income (from Schedule I, Line 16)	\$ 1,973.00
Average Expenses (from Schedule J, Line 18)	\$ 3,443.45
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 500.00

### State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 228,973.97
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 228,973.97

Elizabeth A. Tonias

In re \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor (If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 37 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date August 15, 2008 Signature: /s/ Elizabeth A. Tonias  
Debtor:

Date \_\_\_\_\_ Signature: Not Applicable  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, \_\_\_\_\_ Social Security No. \_\_\_\_\_  
of Bankruptcy Petition Preparer (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_ Signature: \_\_\_\_\_  
\_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

In Re Elizabeth A. Tonia

Case No. \_\_\_\_\_  
 (if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2008	\$ zero	Employment
2007	\$ 901.00	Employment
2006	\$ 10,161.00	

**2. Income other than from employment or operation of business**

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2008	\$ 8,838.00	Social Security
2007	\$1,725.00	Social Security

**3. Payments to creditors**

None

☐

Complete a. or b., as appropriate, and c.

*a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

Current monthly mortgage payments

None

☒

*b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
---	-------------------	-------------	--------------------

None



*c. All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR  
AND RELATIONSHIP TO DEBTOR

DATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



*a.* List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR  
AGENCY AND LOCATION

STATUS OR  
DISPOSITION

Bank of America v.  
Tonias  
Case No.  
2007-1817-CA

Foreclosure Proceedings

Circuit Court of Martin  
County  
Florida

Pending

None



*b.* Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
PERSON FOR WHOSE BENEFIT  
PROPERTY WAS SEIZED

DATE OF  
SEIZURE

DESCRIPTION AND  
VALUE OF PROPERTY

**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF  
CREDITOR OR SELLER

DATE OF REPOSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND  
VALUE OF PROPERTY

**6. Assignments and Receiverships**

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	--	---------------	-----------------------------------

**7. Gifts**

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------	--------------	-------------------------------

**8. Losses**

None ☐ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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Walk-In Cooler, Warming Table, Single Unit Gas Burner and Two Stainless Steel Work Tables \$2,400.00	Theft	August, 2007
--	-------	--------------



**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
James T. Magee Magee, Negele & Associates, P.C. 444 North Cedar Lake Road Round Lake, Illinois 60073	8/28/07 Payor: Debtor	\$500.00

**10. Other transfers**

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
March Equipment Relationship: None	July, 2007	Business Equipment \$3,300.00

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None ☒

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
-------------------------------	------------------------	---

**11. Closed financial accounts**

None

☐

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS  
OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR  
DIGITS OF ACCOUNT NUMBER,  
AND AMOUNT OF FINAL BALANCE

AMOUNT AND  
DATE OF SALE  
OR CLOSING

First Peoples Bank

\$ zero  
November, 2007

**12. Safe deposit boxes**

None

☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND  
ADDRESS OF BANK  
OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF  
THOSE WITH ACCESS TO BOX  
OR DEPOSITORY

DESCRIPTION OF  
CONTENTS

DATE OF  
TRANSFER OR  
SURRENDER, IF ANY

**13. Setoffs**

None

☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE  
OF  
SETOFF

AMOUNT  
OF  
SETOFF

**14. Property held for another person**

None

☐

List all property owned by another person that the debtor holds or controls.

NAME AND  
ADDRESS OF OWNER

DESCRIPTION AND  
VALUE OF PROPERTY

LOCATION OF PROPERTY

Jessica Tonia and  
Julia Tonia  
Debtors' Daughters

China, Bedroom Furniture,  
Televisions, Craft Items  
and Violin  
\$2,000.00

Debtors' Residence

**15. Prior address of debtor**

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME  
AND ADDRESS

NAME AND ADDRESS  
OF GOVERNMENTAL UNIT

DATE OF  
NOTICE

ENVIRONMENTAL  
LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

**18. Nature, location and name of business**

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Tonias, Inc.	20-0489962		Jake's Pizza of Grayslake	2004 to Nov., 2006
Sew Much Better	06-1799505		Custom Sewing	Jan., 2007 to Present

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within the six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or otherwise self-employed.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, record and financial statements**

None



a. List all bookkeepers and accountants who within the two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None



b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None



c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the two years immediately preceding the commencement of this case by the debtor.

NAME AND ADDRESS

DATE  
ISSUED

**20. Inventories**

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF  
INVENTORY RECORDS

**21. Current Partners, Officers, Directors and Shareholders**

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF  
STOCK OWNERSHIP

**22. Former partners, officers, directors and shareholders**

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23. Withdrawals from a partnership or distribution by a corporation**

None ☒ If the debtor is a partnership or a corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
---	-----------------------------------	--

**24. Tax Consolidation Group**

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------------	--------------------------------------

**25. Pension Funds**

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the six-year period immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	August 15, 2008	Signature of Debtor	/s/ Elizabeth A. Tonias ELIZABETH A. TONIAS
------	-----------------	------------------------	--

0 continuation sheets attached

***Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571***

---

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

\_\_\_\_\_  
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

\_\_\_\_\_  
Address

X  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

***A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.***



Document Page 57 of 67  
UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

In re Elizabeth A. Tonia  
Debtor

Case No. \_\_\_\_\_

Chapter 7

## CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

*[Check each applicable box]*

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be Reaffirmed pursuant to 11 U.S.C. § 524(c)
Marital Residence	Abbott Laboratories EC		✓		✓
Marital Residence	Abbott Laboratories EC		✓		✓
Florida Rental House	Bank of America	✓	✓		

  

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
NONE		

Date: August 15, 2008

/s/ Elizabeth A. Tonias

Signature of Debtor

ELIZABETH A. TONIAS

**CERTIFICATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

\_\_\_\_\_  
Printed or Typed Name of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal responsible person or partner who signs this document.*

\_\_\_\_\_  
Address

X

\_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.*

UNITED STATES BANKRUPTCY COURT  
Northern District of Illinois

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

**1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

X  
Signature of Bankruptcy Petition Preparer or officer,  
principal, responsible person, or partner whose Social  
Security number is provided above.

Social Security number (If the bankruptcy petition  
preparer is not an individual, state the Social Security  
number of the officer, principal, responsible person, or partner of  
the bankruptcy petition preparer.) (Required  
by 11 U.S.C. § 110.)

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Elizabeth A. Tonias  
Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X/s/ Elizabeth A. Tonias August 15, 2008  
Signature of Debtor Date

X  
Signature of Joint Debtor (if any) Date

**UNITED STATES BANKRUPTCY COURT  
NORHTERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

**In Re:**  
Elizabeth A. Tonia

**Case Number:**  
**Chapter 7**

**VERIFICATION OF MAILING MATRIX**

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my (our) knowledge.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Joint Debtor

**James T. Magee [#01729446]  
MAGEE, NEGELE & ASSOCIATES, P.C.  
444 North Cedar Lake Road  
Round Lake, Illinois 60073  
(847) 546-0055**

Abbott Laboratories EC  
401 North Riverside Drive  
Gurnee, IL 60031

American Express  
3200 Commerce Parkway  
MD1901-06  
Merrimar, FL 33025

BestPractices of Northwest  
P. O. Box 758682  
Baltimore, MD 21275-8682

Abbott Laboratories EC  
401 North Riverside Drive  
Gurnee, IL 60031

AT&T Yellow Pages  
c/o James, Stevens & Daniels  
1283 College Park Drive  
Dover, DE 19904

Buckun & Buckun, P.C.  
Attorneys at Law  
1309 North Green Street  
McHenry, IL 60050

Advanced Renal Care Ltd.  
P. O. Box 967  
Tinley Park, IL 60477-0967

AT&T Yellow Pages  
c/o Joseph Mann & Creed  
P. O. Box 22253  
Beachwood, OH 44122-0253

Card Service International  
P. O. Box 5180  
Simi Valley, CA 93062-5180

Advantage Ambulance Inc.  
9850 West 190th Street  
Suite A  
Mokena, IL 60448

AT&T Yellow Pages  
RH Donnelley  
1615 Bluff City Highway  
Bristol, TN 37620

Cardiothoracic & Vascular  
Surg.  
P. O. Box 66973-SLOT 30249  
Chicago, IL 60666-0973

Advertiser  
236 Route 173  
Antioch, IL 60002-1897

ATG Credit, LLC  
P. O. Box 14895  
Chicago, IL 60614-4895

Cardiovascular Associates  
Dept 20 1027 P. O. Box 5940  
Carol Stream, IL 60197

Advertiser  
c/o Scott & Goldman, Inc.  
P. O. Box 6828  
Buena Park, CA 90620

Ballard Nursing Center  
9300 Ballard Road  
Des Plaines, IL 60016

Citi-Corp Credit Services  
7920 NW 110th Street  
Kansas City, MO 64153

Advocate Health & Hospitals  
1775 Dempster Street  
Park Ridge, IL 60068-1143

Bank Of America  
4161 Piedmont Pkwy  
Greensboro, NC 27410

Citibank  
701 East 60th Street N.  
Sioux Falls, SD 57104

Aki Krocze Surgical Assoc.  
7447 Talcott Ave., #221  
Chicago, IL 60631-3713

Bank of America  
c/o Marshall C. Watson, P.A.  
1800 NW 49th Street, #120  
Fort Lauderdale, FL 33309

Comcast Cable  
c/o Credit Protection  
13355 Noel Road  
Dallas, TX 75240

Alex Bros Outpatient Group  
1650 Moon Lake Boulevard  
Hoffman Estates, IL 60169-1010

Bank of America  
P. O. Box 26012  
Greensboro, NC 27420

Commonwealth Edison Co  
c/o Harvard Collection Serv.  
4839 North Elston Avenue  
Chicago, IL 60630-2534

Alexian Brothers Medical Ctr  
800 Biesterfield Road  
Elk Grove Village, IL 60007-3397

Best Practices Inpatient Care  
P. O. Box 268  
Lake Zurich, IL 60047-0268

Community Trust Credit  
Union  
1313 North Skokie Highway  
Gurnee, IL 60031

Community Trust credit Union  
c/o Dimand Law Offices PC  
5 East Wilson Street  
Batavia, IL 60510

Elk Grove Lab Physicians  
Dept. 77-9154  
Chicago, IL 60678

Holy Family Medical Center  
100 North River Road  
Des Plaines, IL 60016

Condell Medical Center  
755 South Milwaukee Avenue  
Suite 127  
Libertyville, IL 60048

Elk Grove Radiology SC  
75 Remittance Drive  
Suite 6500  
Chicago, IL 60675-6500

Holy Family Medical Center  
520 East 22nd Street  
Lombard, IL 60148-6110

Condell Medical Center  
c/o Malcolm S. Gerald & Assoc.  
332 S. Michigan Ave., #600  
Chicago, IL 60604

Flame Tamers  
3851 Clearview Court  
Gurnee, IL 60031

IHC-Libertyville Emrg Phys  
P. O. Box 3261  
Milwaukee, WI 53201-3261

Condell Pathology Group  
5393 Paysphere Circle  
Chicago, IL 60684-0053

Flicka and Associates  
11310 S. Orange Blossom Tr.  
Suite 137  
Orlando, FL 32837

Imran Nisar MD Ltd.  
P. O. Box 967  
Tinley Park, IL 60477-0967

Daniel Coulon & Co.  
795 East Belvidere Road  
Grayslake, IL 60030

Fmgc, S.C.  
7540 Exton Street  
Darien, IL 60561-7606

Infectious Diseases Assoc.  
P. O. Box 309  
Itasca, IL 60143-0309

Des Plaines Radiologists  
6910 South Madison Street  
Willowbrook, IL 60527

George Zahrebelski MD  
P. O. Box 957405  
Hoffman Estates, IL 60195

Infinity Healthcare Phys.  
1251 West Glen Oaks Lane  
Mequon, WI 53092-3378

Digestive Disorders & Liver Ctr  
P. O. Box 957405  
Hoffman Estates, IL 60195-7405

Germbusters PC  
75 Remittance Drive  
Suite 6524  
Chicago, IL 60675-6524

Infinity Rollins, Inc. (Orkin)  
c/o Goodwin & Bryann LLC  
P. O. Box 221406  
Cleveland, OH 441122

Domestic Uniform Rental  
4131 North Ravenswood  
Chicago, IL 60613

GRECO  
1550 Hecht Road  
Bartlett, IL 60103

IPC of Illinois  
P. O. Box 92934  
Los Angeles, CA 90009

Domestic Uniform Rental  
c/o Chaet Kaplan  
30 N. LaSalle St., #1520  
Chicago, IL 60602

Heather N. McCombs, DPM, LLC  
333 North Michigan Avenue  
Suite 932  
Chicago, IL 60601

Jake's Franchise  
JSF Corp.  
931B Rohlwing Road  
Rolling Meadows, IL 60008

Donald Steinmuller, MD SC  
6 Phillip Road, Suite 1104  
Vernon Hills, IL 60061

Holy Family Anesthesia Grp  
520 East 22nd Street  
Lombard, IL 60148

John A. Lavacarre, M.D.  
P. O. Box 419  
Park Ridge, IL 60068-0419

Jun Health Care  
1445 N. Hunt Club Road  
Suite 301  
Gurnee, IL 60031

MBNA/Bank of America  
c/o Portfolio Recovery Assoc  
P. O. Box 12914  
Norfolk, VA 23541

North Shore Gas  
130 East Randolph Drive  
Chicago, IL 60601

Lake County Anesthesiologist  
c/o Certified Services, Inc.  
P. O. Box 177  
Waukegan, IL 60079-0177

Medical College Physicians  
P. O. Box 13308  
Milwaukee, WI 53213-0308

North Shore Oncology  
Hematology  
1800 Hollister Drive, #112  
Libertyville, IL 60048

Lake County Anesthesiologists  
P. O. Box 70  
Lake Forest, IL 60045

Medical Services RIC  
36912 Eagle Way  
Chicago, IL 60678-1369

North Suburban  
Gastroenterology  
950 North Northwest Highway  
Park Ridge, IL 60068

Lake County Radiology Assoc.  
36104 Treasury Ctr  
Chicago, IL 60694-6100

Michael Kennedy, MD  
11924 Oak Creek Parkway  
Huntley, IL 60142-6728

Northwest Community Hosp.  
800 West Central Road  
Arlington Heights, IL 60005

Lake Heart Specialists  
35 Tower Court  
Suite F  
Gurnee, IL 60031-5712

Midwest Medical Services  
Dept. 20 5056  
P. O. Box 5988  
Carol Stream, IL 60197-5988

Northwest Health Care Assoc.  
2360 Hassell Road  
Suite F  
Hoffman Estates, IL  
60169-2171

Leo Kanev  
985 S. Buffalo Grove Road  
Buffalo Grove, IL 60089

Midwest Neoped Associates  
900 Jorie Blvd., #186  
Oak Brook, IL 60523-3808

Northwest Kidney Kare  
P. O. Box 2642  
Carol Stream, IL 60132-2642

Leo Taiberg, MD  
777 Oakmont Lane  
Suite 1600  
Westmont, IL 60559

Monarch Visual Solutions  
210 Landmark Drive  
Suite C  
Normal, IL 61761

NorthWest News Group  
P. O. Box 250  
Crystal Lake, IL 60039-0250

Mahoney Environmental  
1819 Moen Avenue  
Joliet, IL 60436

Monarch Visual Solutions  
c/o Creditors' Alliance, Inc.  
P. O. Box 1288  
Bloomington, IL 61702-1288

Northwest Pulmonary Assoc  
7447 West Talcott Avenue  
Suite 542  
Chicago, IL 60631

Manor Care Libertyville  
c/o Rossman & Company  
P. O. Box 29917  
Columbus, OH, 43229

Monogram Bank N America  
4060 Ogletown  
Newark, DE 19713

Northwest Radiology Assoc.  
520 East 22nd Street  
Lombard, IL 60148-6110

Manorcare Libertyville  
c/o Rossman & Company  
3592 Corporate Drive, #10  
Columbus, OH 43231

Murphy Ambulance  
P. O. Box 6990  
Libertyville, IL 60048

Northwest Suburban Medical  
1300 East Central Road  
Suite C  
Arlington Heights, IL  
60005-2810



Peoples Energy  
c/o Harris & Harris, Ltd.  
600 West Jackson Blvd., #400  
Chicago, IL 60661

Sams Club  
c/o FMS Inc.  
P. O. Box 707600  
Tulsa, OK 74170-7600

University Foot Associates  
71 Waukegan Road, #200  
Lake Bluff, IL 60044-1662

Peoples Energy  
130 East Randolph Drive  
Chicago, IL 60601

Sams Club  
c/o TRS Recovery Service  
P. O. Box 4812  
Houston, TX 77210-4812

Vascular Surgeons  
11924 Oak Creek Parkway  
Huntley, IL 60142-6728

Pepsi  
8500 - 100th Street  
Pleasant Prairie, WI 53158

Suburban Endocrinology  
2010 S. Arlington Hts. Road  
Arlington Heights, IL 60005-4134

Yellow Pages, Inc.  
P. O. Box 60007  
Anaheim, CA 92812-6007

Professional Cardian Service  
520 East 22nd Street  
Lombard, IL 60148-6110

Suburban Internal Medicine  
550 North Lake Street  
Mundelein, IL 60060-1827

PRS, LLC  
9300 Ballard Road  
Des Plaines, IL 60016-4998

Suburban Lung Assoc.  
P. O. Box 2776  
Carol Stream, IL 60132-0001

Pulmonary Medicine Assoc.  
P. O. Box 616  
Forest Park, IL 60130

Suburban Neurologists SC  
800 Biesterfield Road, #2009  
Elk Grove Village, IL 60007-3364

Rehabilitation Inst of Chicago  
c/o Harris and Harris, Ltd.  
600 W. Jackson Blvd., #400  
Chicago, IL 60661

Sun Times/Suburban Chicago  
c/o Robert Sharp  
101 South River Street  
Aurora, IL 60506

Restaurant Depot  
c/o NCO Financial Systems  
2166 Manheim Road  
Des Plaines, IL 60018-2909

Superior Air Ground Ambulance  
395 West Lake Street  
P. O. Box 1407  
Emlhurst, IL 60126-8407

Resurrection Hospital  
520 East 22nd Street  
Lombard, IL 60148-6110

TDS Metrocom  
525 Junction Road  
Suite 6000  
Madison, WI 53717-2105

Sam's Club  
c/o FMS Inc.  
P. O. Box 707600  
Tulsa, OK 74170-7600

Thomas W. Engel, MD, SC  
5432 Tall Oaks Drive  
Lake Zurich, IL 60047

B203  
12/94

United States Bankruptcy Court  
Northern District of Illinois

In re Elizabeth A. Tonias

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 1,900.00

Prior to the filing of this statement I have received ..... \$ 50.00

Balance Due ..... \$ 1,850.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  
b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  
c. [Other provisions as needed]

Upon confirmation of written Post-Petition Fee Agreement for payment of Balance Due, representation of the Debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor in adversary proceedings and other contested bankruptcy matters.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

August 15, 2008

*Date*

/s/ James T. Magee

*Signature of Attorney*

Magee, Negele & Associates, P.C.

*Name of law firm*

IN RE: ) Chapter 7  
Elizabeth A. Tonias ) Bankruptcy Case No.  
)  
)  
Debtor(s). )

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative  
**To Be Used When Filing over the Internet**

**PART I - DECLARATION OF PETITIONER**

Date: \_\_\_\_\_

A. To be completed in all cases.

I(We), **Elizabeth A. Tonias** and  
, the undersigned debtor(s), corporate officer, partner, or member, ***hereby declare under penalty of perjury*** that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, and schedules is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Debtor or Corporate Officer, Partner or Member) (Joint Debtor)